



Palliative Care Concurrent with Oncologic Care Correlates with Greater Survival

This past August, *The New England Journal of Medicine* published a study that compared palliative care plus oncologic care to oncologic care alone.¹ Temel and colleagues followed 107 patients with newly diagnosed metastatic non-small-cell lung cancer. Patients in the palliative care group received normal oncologic medical care plus palliative care consisting of physical and psychological assessment, establishing goals of care, assisting with decision making, and coordinating other services according to individual need. This program design differs from the traditional hospice benefit in that patients received palliative care concurrent with oncologic treatments that were curative in intent.

Temel and colleagues made the following observations about the differences between their two groups:

- The palliative care group scored higher on quality of life measures.
- The palliative care group proved 68% less likely to show clinically significant depressive symptoms.
- The palliative care group was almost twice as likely to have resuscitation preferences documented in the medical record (53% vs. 28%, P=0.05).
- The addition of palliative care to oncologic care correlates with improved survival (11.6 vs 8.9 months, P=0.02).



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Researchers offer two theories for the cause of improved survival. Previous studies have shown that a lower quality of life and depressed mood correlate with shorter survival among patients with cancer.²⁻⁴ Temel and colleagues hypothesize that the converse may be true as well. The other theory points to the observation in this study that patients in the palliative care group spent 275% more days in hospice care compared to the patients receiving oncologic care only. Research has connected hospice care with a significant survival benefit.⁵ Temel et al. suggest that the increased utilization of hospice may have contributed to the increased survival in the palliative care group.

One weakness of this study was that patients in the oncology only group were allowed to receive palliative care if they requested it. Ten patients in the oncology care only group requested and received palliative care visits, but their data was still compiled with the oncology care only group. The actual treatment effect may be greater than observed in this study.



Palliative Care Program *Bridging the Gap in Home Care*

The Palliative Care program at Baystate Visiting Nurse Association & Hospice (BVNAH) blends the patient-centered, comfort-focused expertise of hospice with a more treatment oriented model. Palliative Care is provided by the BVNAH hospice nurses and staff since they have experience with pain and other symptom management, and the majority of the Palliative Care team has achieved certification in hospice and palliative care. Patients may be admitted to the Palliative Care program using their home health benefits and home health admission criteria. Patients enrolling in Palliative Care may receive curative treatments, and there is no limitation on prognosis.

**Consider Baystate Visiting Nurse Association & Hospice for your patients.
To make a referral call: 800-249-8298.**

References

1. Temel J, Greer J, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med* 2010; 363: 733-42.
2. Maione P, Perrone F, Gallo C, et al. Pretreatment quality of life and functional status assessment significantly predict survival of elderly patients with advanced non-small-cell lung cancer receiving chemotherapy: a prognostic analysis of the Multicenter Italian Lung Cancer in the Elderly Study. *J Clin Oncol* 2005; 23: 6865-72.
3. Movsas B, Mougahan J, Sarna L, et al. Quality of life supersedes the classic prognosticators for long-term survival in locally advanced non-small-cell lung cancer: an analysis of RTOG 9801. *J Clin Oncol* 2009; 27: 5816-22.
4. Pirl W, Temel J, Billings A, et al. Depression after diagnosis of advanced non-small cell lung cancer and survival: a pilot study. *Psychosomatics* 2008; 49: 218-24.
5. Connor S, Pyenson B, Fitch K, et al. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. *J Pain Symptom manage.* 2007 Mar; 33(3): 238-46.